

RAPS - Attachment C

➤ Revisions

- **Delirium** – okay as is

- **Cognitive Loss / Dementia** – change sentences to:

Many of the residents in nursing facilities exhibit signs and symptoms of decline in intellectual functioning. Recovery will be possible for few of these residents – those with a reversible condition such as an acute confusional state (delirium).

- **Visual function** – okay as is

- **Communication** – okay as is

- **ADLs** - Functional Rehabilitation Potential

- **Urinary Incontinence & Indwelling Catheter** – add a word

Nationally, **approximately** 50% of nursing home residents are incontinent.

- **Psychosocial Well Being** – delete sentence

On average, 30% of residents in a typical nursing facility will experience problems in this area, two-thirds of whom will also have a serious behavior and/or mood problem.

- **Mood State** – change to

Delete: About 15%.....mood state problem.

Add: Depression and other mood disorders are common in nursing home residents, but are often under-diagnosed and under-treated. Such signs.....

- **Behavioral Symptoms** - Delete entire problem section and use:

It is important to address behavioral symptoms for several reasons. First, behaviors are often the only means some residents have for communicating health problems, discomfort, needs, preferences, or fears. To ignore such attempts by the resident is to further isolate someone already burdened by the overwhelming physical and cognitive losses associated with Alzheimer's disease and other types of dementia. Second, behaviors are a major source of physical injury to residents and to staff. Residents with behavioral symptoms are much more likely to be abused and neglected by staff. In

addition, they can represent a risk to other residents and are a common source of injury to staff. Third, behaviors may be a sign of onset of a new illness or worsening of a chronic disease. Thus, understanding the nature and causes of behavioral symptoms and addressing them effectively has the potential to vastly improve the quality of the resident's life.

➤ **Activities** – okay as is

➤ **Falls** – delete entire problem section and add:

Falls are a leading cause of morbidity and mortality among elderly residing in nursing homes. Approximately 50% of residents fall annually, and 10% of these falls result in serious injury, especially hip fractures. Falls may be an indicator of functional decline and the development of other serious conditions such as delirium, adverse drug reactions, dehydration, and infections. This RAP provides a systematic approach to the evaluation of a fall, strategies for prevention of future falls, and numerous care planning suggestions.

➤ **Nutritional Status** – okay as is

➤ **Feeding Tubes** – okay as is

➤ **Dehydration/Fluid maintenance** – change to

Delete the first sentence and move second sentence to start of next paragraph.

➤ **Dental Care** – okay as is

➤ **Pressure ulcers** – change to

Delete first sentence. Change second sentence to:

Most nursing home residents are typically considered to be at risk to develop pressure ulcers.

➤ **Psychotropic Drugs Use** – change to

Psychotropic drugs (i.e., drugs that affect the mind, emotions, or behavior) are among the most frequently prescribed agents for elderly nursing home residents. Studies in nursing facilities have shown that 35% to 65% of residents receive psychotropic medications. When used appropriately and judiciously, these medications can enhance the quality of life of residents who need them. For instance, greater than 70% of patients with major depression respond to single antidepressant treatment with complete remission of symptoms. However, all psychotropic drugs have the potential for producing undesirable side effects or aggravating problematic signs and symptoms of existing conditions. An

important example is postural hypotension, that may be caused by some commonly prescribed psychotropic medications, and which can be serious or life-threatening. Acute confusion (delirium) may be caused by disruption of certain chemicals in the brain (neurotransmitters). This condition can be caused by a single drug, or by the interaction of two or more drugs, and can occur just as easily with prescription or non-prescription (i.e., "over-the counter") medications. Independent risk factors for development of delirium include older age, concurrent medical illness, greater number of medications and the presence of dementia.

Maximizing the resident's functional potential and well-being while minimizing the hazards associated with drug side effects are important goals of therapy. In reviewing a psychotropic drug regimen there are several rules of thumb:

- Evaluate the need for the drug (e.g., consider intensity and quality of distress, response to nonpharmacologic interventions, pros and cons of drug treatment vs. no drug treatment). Distinguish between treating specific diagnosed psychiatric disorders and treating symptoms. Specific psychiatric disorders (e.g., schizophrenia, major depression) have specific drug treatments with published guidelines for dosage and duration of treatment. However, a recorded diagnosis of a psychiatric disorder does not necessarily require drug treatment if symptoms are not present or are not posing a problem.
- Start low, go slow. If needed, psychotropic drugs should be started at lowest dosage possible. To minimize side effects, doses should be increased slowly until either there is a therapeutic effect, side effects emerge, or the maximum recommended dose is reached. Keep in mind that many elders may show a clinical response and possibly complete resolution of symptoms at drug doses and intervals lower than those recommended.
- Each drug has its own set of actions and side effects, some more serious than others; these should be evaluated in terms of each user's medical-status profile, including interaction with other medications.
- Consider symptoms or decline in functional status as a potential side effect of medication.
- Remember that any drug, prescription or non-prescription can cause problems in **some** patient.

➤ **Physical Restraints** – delete current problem section and change to

Research and standards of practice show that the belief that restraints ensure safety is often unfounded. In practice, restraints have many negative side effects and risks that, in some cases, far outweigh any possible benefit that can be derived from their use. Restraints not only may not prevent falls, but can cause greater harm including strangulation, loss of muscle tone, decreased bone density (with greater susceptibility for fractures), pressure

sores, decreased mobility, depression, agitation, loss of dignity, incontinence, constipation, and in some cases, resident death. Benefits of refraining from the use of physical restraints have been well documented in long-term care literature; they include improvement in residents' quality of life, greater autonomy, use of fewer antipsychotic medications, less skin break down, and fewer serious injuries due to falls. CMS remains committed to protecting the health and safety of nursing home residents and carrying out the statutory mandates to preserve the resident's right to be free from the inappropriate use of restraints.